

Celebrating VENA and Its Many Successes

t is amazing that we are already approaching the first full year of VENA, the value enhanced nutrition assessment, implementation. We currently have so much happening in Texas WIC that it is hard to keep up with all the successes we are experiencing. I've heard that most of you are pleased with the VENA process, and that you appreciate the training that has been provided. Many of you shared your successes during the VENA: Bridging the Gap session at the July Nutrition and Breastfeeding Conference. State staff learned that you adapted the VENA tools provided by the state to best meet your own distinctive counseling style and the individualized needs of your clients. This is a core component of VENA — using critical thinking skills to provide participant centered counseling — which gives the participant a greater sense of ownership and involvement in the WIC experience.

Our nutritionists are holding monthly phone calls with a VENA volunteer committee, made up of local agency staff, so we can continue to identify areas where more training is needed. In addition, there is a VENA website that contains the forms and various job aides as well as a PowerPoint® training tool.

We now have Patient Flow Analysis (PFA) data that provides us with a preliminary look at clinic flow before and after the implementation of VENA. If you conducted a PFA at your agency or clinic during the year prior to VENA implementation, you might want to consider doing a comparison PFA now. Contact Anna Garcia, WIC Nutritionist, Clinic Services Branch, for specifics, and read about her preliminary studies on page 6.

It's been a good year, and we appreciate the hard work you give every day. Congratulations on the successful implementation of VENA at your agency!



2 Texas Will News

in this issue



- Celebrating VENA and Its Many Successes
- 4 Let's Celebrate VENA's First Anniversary!
- VENA's Impact on Texas WIC
- **X** VENA One Year Later
- 1 Local Agency Spotlight: WIC Fit Kids Wellness Program

Pull Out Section WIC Wellness Works

- **1 1** Exceptional Customer Service: "It's Not My Job!"
- 1 2 A Look at MyPyramid.gov for Pregnancy and Breastfeeding
- **14** The Late Preterm Infant High Risk But Easily Overlooked
- 16 Test Your Nutrition IQ
- 18 Toddler's Life Threatening Condition Caught by Conscientious WIC Staffers

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Looking back on this year with a great sense of accomplishment, we recognize there is still much to do. Reports indicate that VENA is working and working well.

Take a moment to remember the beginning — it started with a song:

let's celebrate

VENA

first

anniversary!

by Patti Fitch, R.D. Clinical Services Branch Manager & Shirley Ellis, M.S., R.D. Clinical Services Program Coordinator



VENA

by Tiffany Brown (danced and sung to the tune of Venus)

We're in Austin workin' at the State Revising our approach to the game USDA gave us a new gig And VENA is the name

We got it
Texas WIC has got it
We've got VENA, and we'll be fine
'Cuz you're designing
Well, we've got VENA, and we'll be fine
'Cuz you're designing

We came up with several good ideas
Getting more confused and all mixed up
Decided to let someone else try
So we're passing you the cup
Wa!

We got it
Texas WIC has got it
We've got VENA, and we'll be fine
'Cuz you're designing
Well, we've got VENA, and we'll be fine
'Cuz you're designing

We challenge you to give it your best You'll have all the tools you need to play We know you're gonna be a success 'Cuz VENA's on the way!!

We got it
Texas WIC has got it
We've got VENA, and we'll be fine
'Cuz you're designing
Well, we've got VENA, and we'll be fine
'Cuz you're designing

Through the song, the state staff passed the work over to local agency staff. One group of local agency staff helped develop the medical history questions. Another group assisted in the development of the documentation tools. Once developed, the forms were presented to the rest of the state. Your suggestions were used in modifying the forms and developing job aides. Everyone recognizes VENA as a work in progress.

Your information and feedback has helped fine tune the process. Anita Ramos, the VENA clinical services nutrition coordinator and Erica Harris, nutrition training team lead with the Nutrition Education Branch, currently have monthly phone calls with a VENA volunteer committee. Plus, the VENA Grapevine newsletter is now online. A VENA website has been developed featuring VENA forms, job aides that assist with the process, and training PowerPoint® presentations. And, now Patient Flow Analysis (PFA) data is providing preliminary results. The VENA Web site link is http://www.dshs.state.tx.us/wichd/nut/ vena-nut.shtm.

You made VENA a success. Your hard work and honest feedback is appreciated. This process involves a self-examination of your communication skills and the willingness to step out of your comfort zones. You've approached this new process with dedication and determination. Take a moment to reflect on your growth and let us know what you need in additional support and training. With your continued support and input, everyone will be singing a new song—something like "Every Day with VENA is sweeter than the day before."



ELAS Impact on Texas WIC

By Anna Garcia Program Specialist

How is VENA affecting your clinic's environment?

Through utilizing the Patient Flow Analysis (PFA) software program, Texas WIC local agency staff gathered data on the recently implemented Value Enhanced Nutrition Assessment (VENA) process. PFA documents personnel utilization and patient flow in health service clinics.

Many Texas WIC local agencies conduct PFA studies regularly to improve services for their clients. From these agencies, eight clinics were selected to be part of the pre-VENA/post-VENA Patient Flow Analysis project because of their experience with PFA.

The eight clinics conducted a pre-VENA study during the year prior to imple-

menting VENA and the post-VENA study between October 1, 2007, and February 29, 2008. Clinics of varying sizes took part in this project with results representative of all clinics statewide. Variables studied included:

- the quantity of individual counseling time for the average client,
- the quantity of total time in the clinic for the average client.

Note: The term "average client" refers to the time it takes to process one client based on an average of all clients who completed a certification visit.

Did VENA have an impact on your clients? The results are in!

A comparison of the pre-VENA and post-VENA PFA studies revealed the following results:

- 1) Individual counseling time for the average client increased by two minutes. The 8-minute pre-VENA time included reviewing the dietary recall and educating the client. The 10-minute post-VENA time included initiating the conversation, identifying the client's concern, and educating the client.
- 2) Total time in the clinic for the average client decreased by eleven minutes. The 59-minute pre-VENA time and 48-minute post-VENA time included time of arrival to the clinic to the time the client left with benefits.

What does this mean?

The results show that even though the individual counseling session for the average client increased by two minutes, their total time in the clinic decreased by eleven minutes.

How can this be?

Though the results are in line with the perception of it taking longer to provide counseling to participants, we believe that

spending an extra two minutes during the counseling session to get a client to voice a concern, to build rapport, or to provide education is time well-spent. The decrease in the total clinic time for the average client may suggest that clinic staff are making timesaving adjustments in areas other than during counseling. Also, rapport building may be a contributing reason because a satisfied client is likely to be more cooperative and receptive to a conversation about their family's concerns and this may speed up the certification process.

With a sample size of eight clinics, the data collected was a good representation of Texas WIC clinics. In addition, some of the participating local agencies will perform a follow-up post-VENA study to provide us more data averages on the variables being studied.

Many thanks to the WIC directors, PFA study coordinators, and their staff who joined in this project. Your commitment and dedication is appreciated as your contribution provides valuable insight on VENA and how it has impacted Texas WIC clinics. Participating Texas WIC local agencies included:

LA 01 - Austin Health & Human Services

-Travis County Health Department

LA 10 - Grayson County Health Department

LA 39 - North Texas Public Health District

LA 42 - Williamson County & Cities Health District

LA 54 - Tarrant County Health Department

LA 62 - Paris-Lamar County Health Department

And a special "thank you" to the following PFA study coordinators who took the lion's share of the workload:

LA 01 - Rebecca Lopez-Aviles

LA 10 - Terry Reese

LA 39 - Tecora Smith

LA 42 - Christina Delgado-Eberhardt

LA 54 - Donna Erwin

LA 62 - Elisha Brothers





by Erica Harris, M.S., R.D., L.D. – Nutrition Education Consultant & Cristina García, R.D., L.D. – Nutrition Education Consultant

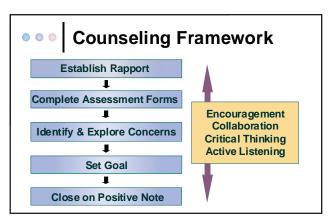
It has been nearly one year since implementing Value Enhanced Nutrition Assessment (VENA). State and local agency staff worked together to smooth out kinks in VENA, and there's still much more to learn. We've made great strides toward providing client-centered care to WIC clients, and hopefully it is paying off with healthier, happier families.

Guided by feedback from local agencies, the state agency has provided resources to help staff enhance their VENA counseling sessions. Here are highlights of a few of them.

Counseling Framework

For guidance on structuring counseling sessions, the state agency proposed a VENA Counseling Framework outlining five basic steps: establish rapport, complete assessment forms, identify and explore concerns, set a goal, and close on a positive note. Here is a quick summary:

• Establishing rapport, or a positive connection with clients, is essential to holding client-centered counseling sessions. Simple techniques such as welcoming clients and introducing yourself help create a comfortable tone. Demonstrating a caring attitude and offering help when appropriate may sound like common sense, but can make a big difference in the success of a counseling session.



Texas Wiews

- Completing assessment forms is the second step. Review the client's history and ask for clarification as needed. Be sure to remain focused on relevant information while maintaining rapport.
- Identifying and exploring the client's concerns should be the "meat" of the session. Start by asking open-ended questions or offering agenda setting tools to identify what is important to the client. If they don't open up right away, try to lead the discussion based on nutritional risk while maintaining rapport. The beauty of VENA is the conversation could go in many directions - exploring their feelings and attitudes about the concern, identifying their strengths, and troubleshooting barriers. When delivering nutrition education advice, remember to ask permission first and make the messages brief and personal so they are meaningful to your clients.
- Helping the client to set a goal is the fourth step. Transition into it by summarizing the conversation and asking the client what issue they would like to work on. Remember that the clients are the best judge of what will work for their family.
- Closing on a positive note is the final step.
 Express appreciation for their time and let them know you look forward to hearing how things go.

Resources to Help Clients Voice Their Concern

Local agencies are concerned over how to assist timid or first-time clients to open up at the beginning of a session. In addition to building rapport and asking open-ended questions, counselors can try other techniques too. Many agencies have had success using Circle Charts from California WIC, and some even adapted their own agenda setting tools. Agenda setting tools are simply handouts with pictures to spark clients to identify a topic to discuss. Some agencies give them to clients along with health history forms to review while waiting, and others have posted them throughout the clinic. The state agency is also developing an agenda setting tool with graphics that may be adapted into other formats - so stay tuned!

Tips for Helping Clients Set Goals

Another aspect of VENA that has drawn attention is helping clients identify meaningful goals in a way that is natural, not awkward or forced. Here are a few tips:

- Transition into goal setting by summarizing the conversation as it's wrapping up. Consider saying something like, "We talked about A, B, & C today... what is one thing you might be willing to work on over the next few months?"
- Avoid the word "goal" to keeps the session more conversational. Some clients may respond better.
- Help the participant verbalize one behavior change they feel is attainable. Instead of lofty, broad goals like "I'm going to lose 30 pounds," encourage the participant to be specific, such as "I'm going to walk my baby in the stroller 30 minutes each day."

Remember, little steps can lead to big health rewards in the long run.

Documentation

Much concern has also surfaced on how to effectively document sessions on the VENA Family Documentation Tool. Think about it as a "snapshot" of the session, not a long narrative of everything that happened. Documentation doesn't have to be fancy, but it should provide a clear picture of what was discussed so the next counselor can follow up. Remember that good documentation promotes continuity of care and reduces staff work in the long run.

Nutrition Education Codes Clarification

When VENA was introduced, one benefit was the reduction of the number of nutrition education codes to be documented on participant forms. The state agency recommends using only one code for VENA sessions, VC-000-99. Although some local agencies continue to track additional codes, it is not required.

Thank you for doing a great job implementing VENA this year. Please tune in for upcoming IDL trainings and check the Texas WIC website for VENA updates. Staff may also submit VENA related questions under the VENA newsletter section of the Web site. While there is much work ahead, we're well on our way to providing the best possible client-centered care to WIC families.

WIC Fit Kids Wellness Program

by Lori Cassanova-Guizar, R.D. – El Centro Del Barrio

In response to the high rate of child-hood obesity and lack of weight management programs for low income families in San Antonio, WIC Dietitian Lori Cassanova-Guizar started the WIC Fit Kids Wellness Program. At Lori's clinic, El Centro Del Barrio, Inc. in San Antonio, over 35 percent of children ages 2 to 4 are at or above the 95th percentile for height versus weight.

The WIC Fit Kids Wellness Program is a series of individual client-centered counseling sessions that take place every two months. When asked why she selected individual counseling Lori said, " ... so that I could individually discuss some sensitive issues and help my participants set simple goals."

How Does the WIC Fit Kids Wellness Program Work?

Families with children ages 2 to 4 who are considered overweight are referred to the WIC Fit Kids Wellness Program. Interested parents complete a pre-consultation questionnaire. The initial visit includes reviewing diet recalls and weight patterns. At the conclusion of the visit Lori recommends the client select one out of six goals to work on before their next visit. The six goal choices include:

Goal 1 - reduce intake of high calorie drinks

Goal 2 - increase physical activity

Goal 3 - choose healthy snacks

Goal 4 - drink more water

Goal 5 - age appropriate portion sizes

Goal 6 - a goal developed by the parent

At their next visit parents continue working on their goal or develop a new goal. The child gets an incentive at the end of each consultation to motivate the child and the parents to make healthy choices. Incentives include gym balls, jump ropes, totes, fanny packs, pedometers, and a water bottle.

Does the Program Help?

The results of the program are positive. Since its incep-



tion, the caseload of those participating in Fit Kids Wellness Program has doubled. With the help of the nutritionist at El Centro Del Barrio WIC, about 63 percent of the kids currently on the Fit Kids Wellness Program have lowered their BMI levels and at least 21 percent have maintained their weight!

One family in particular has seen the positive outcome from this program. A 3-year-old girl who's BMI was at 22.2 in August 2007 dropped to 20.1 in March 2008. Mom, who initially wasn't very interested in the program, shared positive results during her March visit. She confessed she started following the program goals last August and included the whole family in the process. Mom lost 65 pounds, and grandma lost 25 pounds. Needless to say, mom is

responsive when she attends follow up visits.

Another 3 year old boy whose BMI was at 21.7 in August 2007 dropped to 20.9 in March 2008. Mom lost 12 pounds and a sibling is starting to make healthy changes since seeing positive results in his family.

Recommendations for clinics interested in starting a similar program:

- Have both parents attend a follow up at least once so both could be informed of the healthy lifestyle changes good for their family.
- Emphasize the importance of it being a family effort even if they have other children who do not have a weight issue.
- Remember, the best way to achieve results is through small beginnings and a positive attitude!

Texas W C News

Wic Wellness Works

Take the Pledge – To Lower Your Cholesterol

September is National Cholesterol Education Month which makes it a great time to get your blood cholesterol levels checked. High blood cholesterol can affect anyone. It's a serious condition that increases the risk for heart disease, the number one killer of Americans — both women and men. What you learn may save your life.

What is cholesterol?

Cholesterol is a waxy, fat-like substance found in the walls of cells in all parts of the body, from the nervous system to the liver to the heart. The body uses cholesterol to make hormones, bile acids, vitamin D, and other substances. Cholesterol travels through the blood in different types of packages, called lipoproteins.

Low density lipoprotein, or LDL, is also called the "bad" cholesterol because it carries cholesterol to tissues, including the arteries. Most of the cholesterol in the blood is the LDL form. Remember, the higher the level of LDL cholesterol in the blood, the greater your risk for heart disease.

Take the National Cholesterol Education Month Pledge:

I/We the undersigned, in celebration of National Cholesterol Education Month 2008, pledge to do at least three of the following to help lower my/our cholesterol and reduce my/our risk for heart disease:

To know my/our cholesterol numbers, including total cholesterol, LDL cholesterol, HDL cholesterol, and triglycerides.
To find out what my/our 10-year risk for heart disease is and to find out what my/our LDL cholesterol goal should be.
To read food labels at the grocery store and to purchase primarily foods that are low in saturated fat, and cholesterol
and are trans fat free. To pay more attention to hidden saturated fat, trans fat, and cholesterol in baked goods and foods eaten on the run.
To learn what my/our body mass index is and to lose weight, if overweight, and to take measures to maintain a healthy weight.
To participate in physical activity of moderate intensity for at least 30 minutes on most or all days of the week. On days when I/we don't have time, I/we will do the activity in three,
10-minute segments during the day.
To remain tobacco-free or, if I/we smoke, pick a quit date and ask my/our healthcare provider for help with quitting.

National Heart, Blood and Lung Institute

High density lipoprotein, or HDL, is also called the "good" cholesterol because it takes cholesterol from tissues to the liver, which removes it from the body. A low level of HDL cholesterol increases your risk for heart disease.

If there is too much cholesterol in the blood, some of the excess can create plaque build up and narrow the blood vessels. This condition is called atherosclerosis or "hardening of the arteries."

The total cholesterol number (desirable level is below 200) along with the ratio between HDL and LDL levels provide a more inclusive picture of your health risk so it is important to know all three numbers. For example, if your total cholesterol level is high because of a high LDL (bad) level, you may be at higher risk of heart disease or stroke. If your total level is high only because of a high HDL (good) level, you're probably not at higher risk.

(continued on WIC Wellness Works - 4)

Wellness...a journey







Agency Takes Walking Program One Step Further

Valley WIC, is ready to take her daily walk. First, Sonia makes sure that a colleague is available to cover her post, then she asks nutritionist Kim Collins to join her on the walk. Both women go into the clinic's resource room, write their names next to a 15-minute time slot, pick up a pedometer resting on the board railing, and head outside. When they return, they reset the pedometer, record their steps in the walking log, and reassume their posts.

All of this takes no longer than 17 minutes. "The same amount of time often spent in the break room drinking a soda," says Karen Sparks, Bryan WIC Wellness coordinator. They have since removed the soda machine from their clinic to encourage less soda consumption.

The WIC Wellness program began January 2008 as a result of Karen Sparks, Kay Jarrett, agency director, and Asha Girimaji, nutritionist & "Healthy Living" coordinator, brainstorming ways to give the staff physical activity breaks. They developed the idea of creating a policy in support of walking. As director, Kay made sure certain conditions were in place.

"My main concern," Kay shared,
"was that client services weren't
interrupted and that it was equitable
for all." To accomplish this, Kay
outlined the following stipulations:

• Exercise time can't be taken the

- first 15 minutes of the day, the last 15 minutes of the day, or in conjunction with lunch.
- On days when the clinic is short staffed, the employee must insure clinic operations and client services are covered before walking.
- No two people with the same job titles can use the same time slot.
- From a safety stand point, two people should walk together.
- Participants must enter their walking time slot on the white board.
- Staff should use discretion in walking during heavy client traffic periods.



Above: Kay Jarrett (left), WIC director, and Evelia Vega (right), breastfeeding peer counselor.

Creating Support Work Environments

Physical Activity Ideas

Display educational posters on exercise in a central employee location. Establish a daily walking break program available to all employees (see role model story).

Integrate physical activity breaks into clinic and agency meetings. Identify a one mile walking route employees can use.

Healthy Eating

Set up an employee vegetable and fruit exchange program once a week. Remove soda vending machines and include healthier options in food vending machines.

Provide or encourage employees to bring healthier foods to meetings.

Stress Management

Place stress reduction reminder tips throughout the clinic. Integrate stress reducing exercises at the end of every meeting. Provide protected time and dedicated space away from the work area for breaks and lunch.

Fostering and supporting a culture of wellness allows employees to make and sustain the healthy choices they make every day.

Wellness...a journey









Above: Karla Carrera (left), nutritionist, and Liz Banuelos (right), clerk.



Above: Asha Giramaji (left), nutritionist, and Cacey Withem (right), R.D., assistant director.



Above: Mary Moreno (left), clerk, and Sandra Cerda (right), clerk.

So far, staff has managed to meet these stipulations without a hitch. Even the requirement that staff substitute for each other when someone is walking has been met without complaint. Currently, all 14 employees at site 32-01 in Brazos Valley and both employees at 32-03 in Navasota are participating in the walking program.

Initially, some staff needed to be convinced "it's okay to leave for 15 minutes, that they aren't goofing off, and that it actually improves productivity! Seeing their coworkers enjoying the walks and coming back smiling convinced them to try it out," Asha explained. "There's increased awareness amongst the staff about fitness and health and more conversation about who is losing weight and how they are eating better and exercising more!"

Kay added, "Many of our staff members tell me how much they

enjoy the walking breaks. No matter how good their intentions (to exercise), their needs take last place once they get home. The walking breaks give them time to look after themselves. Plus, it gives them opportunities to talk to a coworker that has become a friend." In that way, she added, "The program has been great for morale and has led to team-building."

"The walking breaks also give us the opportunity to regroup," Karen explained. "I can't tell you how often I've used that time to problem-solve something difficult I was dealing with."

Karen has lost five pounds since the program started, a result, she says, of the WIC Wellness Works "Walk Circles around Your Scale" challenge and the clinic's walking program. She said that her colleagues are experiencing similar success, and are now walking on the weekends. Not counting weekend steps, participants have walked a total of almost 400,000 steps since January, approximately 200 miles!

Kay has advice for directors looking to support a walking program for their project, "Trust the integrity of your staff to be conscious of the needs of the clinic and to be considerate of their co-workers. Give them an opportunity to show that you value them as a person outside the time they spend at their desk working. And finally, have strong leaders guiding the program, like Karen and Asha."

Morale and productivity are much improved at her site, and Kay is considering expanding the program to two 15-minute walking breaks per day. "I think the greatest success has been that all of us are more active."

"There's no downside to the walking program," Karen said. "It's a win-win situation for everyone."

Wellness...a journey







(continued from WIC Wellness Works - 1)

Fortunately, if you have high blood cholesterol levels, there are steps you can take to lower it and protect your health.

- Be physically active regular activity may increase your HDL (good) level.
- Eat healthfully to lower your LDL and total cholesterol levels.
 - Limit foods naturally higher in cholesterol such as fatty meats, whole milk, and eggs.
 - o Select leaner cuts of meat, skim milk and egg whites.
 - o Include fish in your diet.
 - o Eat high fiber foods such as 100% whole grain breads and oatmeal.
 - o Include a variety of fruits and vegetables such as carrots, cauliflower, broccoli, apples, bananas, grapes and peaches in your diet.
- Visit your family physician for an easy blood cholesterol test and take the pledge that could save your life.



Summer Squash Chowder

Summer squash, bell peppers, and sweet onions are in season during the months of September and October and are an excellent source of nutrients. This delicious recipe is quick and easy and can be made ahead and reheated as needed. Enjoy!

Ingredients

5 ½ cups diced yellow squash (about 1 ½ pounds)

1 cup fresh or frozen corn kernels

1 cup chopped yellow or red bell pepper

½ cup chopped sweet onion

14 oz. vegetable broth

1 ¾ cups milk

¾ teaspoon salt

¼ teaspoon black pepper

Preparation

Combine first 5 ingredients in a Dutch oven, or large stock pot, and bring to a boil. Cover, reduce heat, and simmer 20 minutes. Cool mixture. Place half of the squash mixture in a blender and process until smooth. Pour pureed squash mixture into a large bowl. Repeat procedure with the remaining squash mixture. Return all the mixture to the pan. Stir in milk, salt, and pepper. Cook over low heat until thoroughly heated, stirring occasionally.

Yield: 6 servings, 1 cup each

Per serving: 96 calories; 2.8 g fat; 4.7 g protein; 15.1 g carbohydrate

Recipe adapted from Cooking Light Annual Recipes 2006

"It's Not My Job!"

By Linda Brumble, M.A., B.S. Unit Manager, NECS

I went to a local restaurant the other day and was seated in what looked like a rather remote part of the building. For about 10 minutes, I sat there and never saw a waitperson. Finally, one walked out of the kitchen, close enough that I could stop her. I asked if she could help me order and you can guess her answer, "that's not my table." She didn't even offer to go get the waitperson assigned to my table. I got up and left.

As Robert Moment says in a February 19, 2008, issue of Customer Service, "...the negative, counterproductive attitude of 'It's not my job' (or in this case, table) simply isn't suited to today's work environment. It has no place within an exceptional customer service team!"

The same is true for our WIC clinics. Employees in the clinics must work as part of a team with a collective goal of serving clients both efficiently and effectively in accordance with an established set of timeframes and performance expectations. Individual job descriptions must fit under the umbrella of this goal and these expectations.

For this reason, as Moment suggests, "every team member ... needs to be cross-trained." In our WIC clinics, this means all CAs and some clerks should be able to perform income screening, heights/weights, and blood collection. Even if you were hired to do only one of those functions, you should be able to step in when needed to assure that client processing standards and timeframes are met. All staff should be able to — and should expect to — schedule appointments, answer the telephone, and issue food benefits.

The Department of Transportation (DOT) gives a "Not My Job" award each month to the

employee nationwide who best proves to be unwilling to go outside the scope of assigned tasks. The winner for the year 2000 was an Arizona DOT employee who painted two yellow stripes down the center of Arizona State Road 85, right over a dead armadillo. His job was obviously striping the highway, not removing dead animals. Check it out at http://people.hofstra.edu/charles_merguerian/Job%20Awards/JobAwards.htm.

I think we should instead establish an "It IS My Job" award. And give it to the person most willing to do anything needed to make the clinic run smoothly.

Cartoon by Irma Choate



September/October 2008



ew information and interactive tools are available for WIC participants in USDA's MyPyramid Food Guidance System http://www.mypyramid.gov through their recently added section for pregnant women and new moms. The Web site for moms has several sections relating to pregnancy and breastfeeding including:

- Pregnancy Nutritional Needs
- Weight Gain During Pregnancy
- · Nutritional Needs While Breastfeeding
- Weight Loss During Breastfeeding
- Dietary Supplements
- Food Safety for Pregnant and Breastfeeding Women
- Special Health Needs
- MyPyramid Plan for Moms

Pregnancy – Nutritional Needs covers basic nutrition for pregnant women, including which foods to choose when pregnant, and information on vitamins and minerals. There is information on which foods supply certain vitamins and minerals that are needed during pregnancy and breastfeeding. Information for women who are expecting multiples is also included.

Weight Gain During Pregnancy is an interactive application allowing the mother-to-be to enter her information and compare her weight gain to a database that plots trends in normal healthy weight gain. This section gives the mother-to-be information about healthy weight gain and offers hints and suggestions for women who are either gaining too much weight or not gaining enough.

Nutritional Needs While Breastfeeding covers the greater need for certain vitamins and minerals during breastfeeding. It also gives tailored nutritional advice based on whether a woman is partially or exclusively breastfeeding. For example:

- Breastmilk only no formula
- At least half breastmilk plus some formula
- Some breastmilk mostly formula

Information on nutritional needs, including requirements for certain vitamins and minerals, is provided for each of the above categories. The program offers tips and advice to moms on making choices that are low in "extra" calories from added sugars and fats. Special attention is

Texas Will News



given to the importance of maintaining proper hydration while breastfeeding.

Weight Loss During Breastfeeding points out the facts and advantages of breastfeeding, including how breastfeeding helps moms lose the weight gained during pregnancy. Consumers get hints and ideas of what to do if they see that they are not losing a desirable amount of weight. It also offers additional links to further investigate and research the subject.

Dietary Supplements discusses the ever evolving area of dietary supplements. It covers both pregnancy and breastfeeding supplementation and their benefits. It refers to the MyPyramid Plan for Moms for information on obtaining optimum nutrition without relying on supplements to provide all of the nutrients needed for pregnancy and breastfeeding. It also serves as a gateway to additional resources and information by including links to a variety of different subjects like supplements, fortified foods, etc.

Food Safety for Pregnant and Breastfeeding Women offers advice and education about food safety for the pregnant and breastfeeding mother. Foodborne illnesses are addressed

along with information on how to avoid them and what the symptoms and consequences of being exposed may be.

Special Health Needs covers particular medical conditions that need special or specific diets. Conditions such as diabetes, celiac disease, renal disease, and PKU are discussed. Lactose intolerance and calcium rich alternatives are also discussed.

MyPyramid Plan for Moms allows users to personalize their plan. With all the information available on the Web site, how do we put it all into action? The answer is MyPyramid Plan for Moms. This is a new step for moms using the MyPyramid System. The MyPyramid Plan for Moms at MyPyramid.gov was created to assist consumers in finding the kinds and amounts of foods they should eat each day. Moms can register or they may use it anonymously, and once they become familiar with the system they can take advantage of many applications available on the site. The plan takes into account age, if they are pregnant or breastfeeding, height, weight, and activity level to formulate an appropriate caloric intake level and plan to follow for the first, second, and third trimesters.

The consumer's food plan includes specific daily amounts from each food group and a limit for discretionary calories. Discretionary calories are the number of calories that are left when you take the total estimated energy requirement and subtract the essential calories. These calories may be used to increase amounts of food selected from a food group, or to consume foods that are not in the lowest fat form. Consumers can print out a personalized mini-poster of their plan, and a worksheet to help them track their progress and choose goals for tomorrow and the future.

Additional information can be found at "Tips and Resources" and "For Professionals" at the following links:

http://www.mypyramid.gov/tips_resources/index.html
http://www.mypyramid.gov/professionals/index.html

Reference: USDA MyPyramid.Gov U.S. Department of Agriculture

The Late-Preterm Infant High Risk but Easily Overlooked



baby born three to six weeks early is called a "late-preterm" infant. Although "late-preterm" may seem like a contradiction in terms, a panel of experts, who convened in 2005, recommended that this term be used to replace "near term," "moderately preterm," and "borderline preterm," all of which, and others, have historically been applied to infants born between 34 and 36 completed weeks gestation. The former terminology was thought to convey a message the infant was born "almost term"

or "almost mature" inferring there would be little cause for concern for such an infant. The fact that some infants, born as young as 22 weeks, are now surviving may also reinforce this misconception, especially since many late-preterm infants are often the size of a full-term infant.

The panel of experts, convened by the National Institute of Child Health and Human Development of the National Institutes of Health, agreed that it is necessary to educate doctors,

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nurses and other health care professionals that even seemingly healthy late-preterm infants should be considered immature and should be diligently evaluated, monitored and followed. The fact that late-preterm babies have a much higher rate of rehospitalization compared to infants born full-term (39-42 weeks) is sited as evidence supporting their position.

Health Consequences of Late-Preterm Infants

Late-preterm infants are physiologically and developmentally immature compared with term infants. For example, the brain of an infant at 35 weeks gestation weighs only 65 precent that of an infant's brain at 40 weeks gestation. Dramatic growth of the brain is seen in the last few weeks of gestation, rising to 80 percent at 36 weeks. The liver, kidneys, lungs and other major systems are also immature which can lead to a number of medical issues including:

- Hypothermia preterm infants are born with less body fat which affects their ability to regulate their own temperature.
- Hypoglycemia low blood sugar as a result of transitioning from intrauterine to extrauterine life.
- Respiratory distress syndrome caused by insufficient surfactant to help with breathing.
- Sudden Infant Death Syndrome (SIDS) –
 late-preterm infants have twice the risk of
 dying from SIDS compared to term infants.
- Feeding difficulties difficulty in initiating and continuing breastfeeding due to inability to coordinate sucking, swallowing and breathing and low oral tone. This can lead to dehydration, jaundice or failure to thrive.
- Jaundice a symptom caused by a condition known as hyperbilirubinemia. The baby's immature liver is unable to rid the body of bilirubin, which can accumulate in the brain and cause permanent brain damage and deafness if not recognized and treated early. Feeding difficulties also make it twice as likely for late-preterm infants to develop jaundice.
- Apnea cessation of breathing due to central nervous system immaturity and underdeveloped lungs are among the causes.
- · Higher rates of infection due to the baby's

immature immune system's inability to mount a defense.

WIC Staff should be on Alert

Because many of these infants will show up for WIC certification when they are in a vulnerable time period, WIC staff should be alert to "red flags" to watch out for in the late-preterm infant.

Feeding – Late-preterm infants may need to be fed more often than term infants. It is important that these infants feed often for the first several days to help prevent jaundice. If the baby begins to refuse feedings, even for less than a day, get medical help. Extra breastfeeding support may be needed. Sometimes these infants are referred to as "the great pretenders" because they can appear to be feeding fine prior to discharge but shortly thereafter develop feeding problems.

Sleeping – Late-preterm infants may sleep through needed feedings. If this is the case, the caregiver needs to wake the infant every three to four hours to feed. The infant should be positioned on his back for sleep, due to a higher incidence of SIDS.

Breathing – If a baby seems to be having trouble breathing, seek medical help. This is a sign of respiratory distress or infection.

Jaundice – The baby should be seen by their pediatrician within 24 to 48 hours of discharge. Jaundice is the number one cause of rehospitalization in the late-preterm infant. If at any time the baby's skin or the whites of their eyes appear yellow and/or they are not feeding well, seek medical help.

The number of all preterm births has risen 30 percent since 1981, according to the March of Dimes. In 2005, 12.3 percent of all births in the United States were preterm. Late-preterm births account for 70 percent of preterm births. Possible causes of this increase are the increasing age of mothers who are giving birth and increasing rates of multiple births due to artificial reproductive technologies. Whatever the causes, this is an issue that is not going away any time soon.

Hello Everybody!

by Eaton Wright, BS, NUT Nutrition Expert

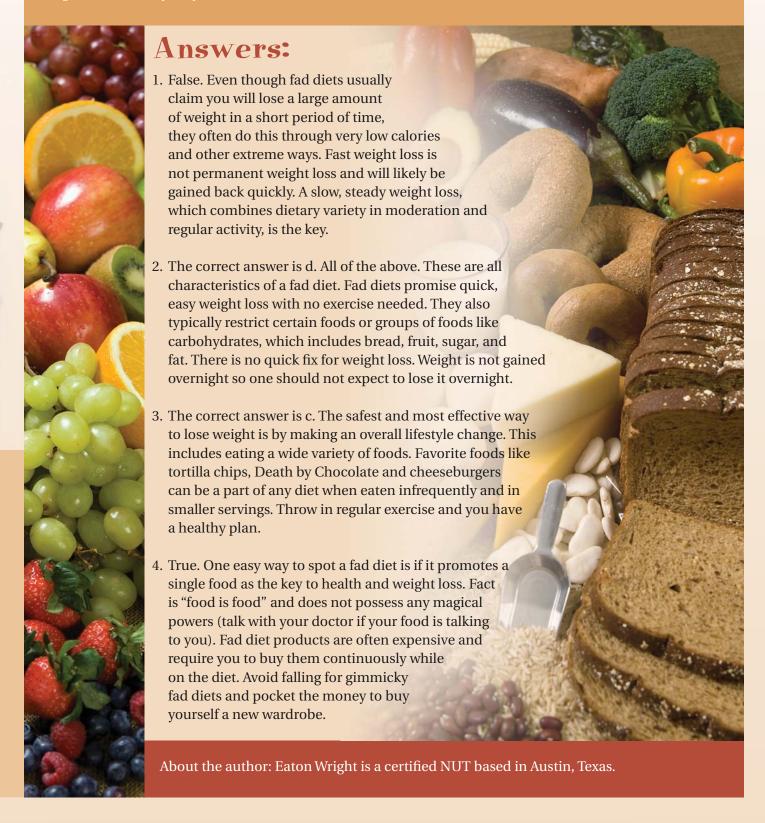
Eaton here with a new Test Your Fad Diet I.Q.
About 25 percent of men and 45 percent of women
in the United States are on a diet at any given
time. With so many diets out there how
are you supposed to know what
works? One thing is certain, fad
diets almost always work — for a
little while. But who wants to lose
weight for a little while? What's
worse is the weight almost always
comes back and then some. And
to top it off, fad diets can be unhealthy and are often expensive. Test
your knowledge on fad diets:

Quiz:

- 1. True or False. Fad diets are a good idea if you need to lose weight.
- 2. How can you tell if a diet is a fad diet?
 - a. The diet promises quick and painless weight loss.
 - b. The diet restricts certain foods, like fat or carbohydrates.
 - c. The diet claims you will lose weight without exercise.
 - d. All of the above.
- 3. The best way to lose (and maintain a healthy) weight is by:
 - a. Eating only raw fruits and vegetables and cabbage soup.
 - b. Skipping breakfast.
 - c. Eating a balanced, healthy diet and exercising everyday.
 - d. Eating only meat.
- 4. True or False. Fad diets often promote a single product or food as the key to weight loss.

Texas Wiews

Warning: The common sense approach to eating is not flashy and it doesn't cost a lot of money. If you want to be healthy, you have to eat a variety of foods in smaller portions and yes, you do have to exercise. Now on with the answers.



Toddler's Life-Threatening Condition Caught By Conscientious WIC Staffers

by Shelly Ogle, Editor DSHS Staff News

wo-year-old Osiris Sanchez wasn't feeling good. He had been sick for a while, and he was weak, lethargic, not eating, and suffering from diarrhea. His mom, Lydia Gonzalez, was very concerned about his health. On a previous visit, his pediatrician suspected a stomach virus.

But then her regularly scheduled appointment at Local Agency 88 clinic in Kingsville rolled around, and she brought Osiris in for a certification assessment. That's when things changed, thanks to WIC's standard operating procedures.

Two WIC employees — human-services technician Mary Jane De La Garza and nutritionist Nora Castañeda — took action that may have saved the toddler's life.

"As soon we saw Osiris' blood levels, we knew something was wrong," says Gonzalez.



Above: Osiris Sanchez visits his caring friends at WIC. With him is human-services technician Mary Jane De La Garza, left, who checked the boy's iron levels, and nutritionist Nora Castañeda, who instructed his family to immediately get further help.

Crazy Hat photo: Back row from left – Nora Castañeda (Purple Shirt), Mary Jane De La Garza (Red Table Hat), Hattie McKnight, Ninfa Villarreal and Annie Gardner. Middle row from left – Maria Elena Gomez, Berta Morin, Elena Valerio, Norma Alvarez, Noemi Maldonado, Sandra Gonzalez and Maria Solis. Front row from left – Cindy Loera (Green Shirt), Gloria Rodriguez, Linda Buck and Norma Salinas.

Texas W News

"Mary Jane mentioned that his iron level was extremely low, so she went on to take three more readings, just to be sure. Sure enough, she was right. Normal iron levels from a hemoglobin test for a child his age should be at or above 11.1 grams per deciliter, but Osiris' levels were only 3.6 and 4. Mary Jane said that she had never seen such low levels in all her years at WIC."

De La Garza consulted with Castañeda about these dangerously low readings. Because WIC works to support evaluations done by doctors, the nutritionist instructed Gonzalez to immediately take Osiris to his own pediatrician's office for a repeat of the lab work.

When the doctor there heard about the WIC test results, he quickly called his lab to order an immediate blood screening, which confirmed the low readings.

"The lab sent us back to the pediatrician's office to get an emergency referral to the Hematology Department at the Driscoll Children's Hospital in Corpus Christi," says Gonzalez. "The pediatrician made the calls and instructed us to drive there immediately and to not stop for anything. At the hospital, Osiris was admitted to the Oncology floor, more tests were done, and an immediate blood transfusion was started. Over the next three days, our son received three blood transfusions."

Gonzalez says that the doctors still aren't sure what caused her son's red blood cells to die and not get reproduced, making his iron levels so low. But she's happy to report that his body is now reproducing new red blood cells in a normal manner.

"We believe that, without WIC, Osiris wouldn't be with us today," says his mom. "It's still so unbelievable to imagine how severe that illness had been. We think that he probably couldn't have lasted one more day if we had missed our WIC appointment. It was also so comforting how these women would call me at home to follow up on how Osiris was doing. WIC is a blessing of a lifetime."

"Mary Jane and Nora made a difference in the life of this child," says WIC program manager Linda Buck, a registered and licensed dietitian who directs the WIC program in seven of the 19 counties in Region 11. "I am so proud of my team. They are awesome and do an excellent job in making vital referrals."

LA88 Celebrates National Nutrition Month

At the WIC quarterly staff meeting, held at Regional Headquarters in Harlingen, LA 88 staff celebrated National Nutrition Month with a Crazy Hat contest and dancing to Elvis Impersonator Chad "Elvis" Roy (right).

"It's no secret that I too am a huge Elvis fan. I do not know how I'm going to top this event at our next staff meeting," said Linda Buck.







Texas WIC News is now available on the Texas WIC Web site! http://www.dshs.state.tx.us/wichd/gi/wicnews.shtm

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